



## Complete Summary

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### TITLE

Homeless: percent of homeless veterans entering a homeless program who receive timely primary care services.

### SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

#### Process

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of veterans entering a homeless program who receive timely appointments in primary care.

### RATIONALE

The number of homeless male and female Vietnam era veterans is greater than the number of service persons who died during that war -- and a small number of Desert Storm veterans are also appearing in the homeless population. Although many homeless veterans served in combat in Vietnam and suffer from post traumatic stress disorder (PTSD), at this time, epidemiologic studies do not suggest that there is a causal connection between military service, service in Vietnam, or exposure to combat and homelessness among veterans. Family background, access to support from family and friends, and various personal

characteristics (rather than military service) seem to be the stronger indicators of risk of homelessness.

Almost all homeless veterans are male (about 3% are female), the vast majority are single, and most come from poor, disadvantaged backgrounds. Homeless veterans tend to be older and more educated than homeless non-veterans. But similar to the general population of homeless adult males, about 45% of homeless veterans suffer from mental illness and (with considerable overlap) slightly more than 70% suffer from alcohol or other drug abuse problems. Roughly 56% are African American or Hispanic.

Many of these Veterans are not currently enrolled in Veterans Administration (VA) or aware they are eligible for services. Resources have been provided by Congress to reach beyond currently enrolled veterans to identify homeless veterans and provide services to them. In FY 2003, VA provided services to approximately 100,000 homeless veterans, the majority through the auspices of its specialized homeless programs. VA specialized homeless services programs include the Health Care for Homeless Veterans program (HCHV) and its components (the Grant and Per Diem [GPD] program, the Supported Housing program, and the and the Housing and Urban Development - Veteran Affairs Supported Housing program [HUD-VASH]; the Domiciliary Care for Homeless Veterans program [DCHV]; and the Compensated Work Therapy / Transitional Residence program [CWT/TR]).

One of the major goals of the VA's homeless veterans treatment programs is to provide treatment and assistance to homeless veterans who have been living on the streets or in emergency shelters. A primary indicator that support services have been successful is that veterans achieve a stable residence (independent housing or within a treatment setting) following residential treatment. The Health Care for Homeless Veterans (HCHV) Program is a specially funded program that provides extensive outreach, physical and psychiatric health exams, treatment, referrals, ongoing case management and contractual residential care to homeless veterans with mental health problems including substance abuse. HCHV program staff outreach to large numbers of homeless veterans; a subgroup with substantial psychiatric or substance abuse problems is placed in residential treatment programs provided through, i) local contracts with community based providers, ii) the VA GPD program, or iii) the VA Domiciliary Care for Homeless Veterans (DCHV) program. This performance measure applies to those veterans who have been placed in residential care within these three programs.

#### PRIMARY CLINICAL COMPONENT

Homeless; access to primary care

#### DENOMINATOR DESCRIPTION

Number of homeless veterans who enter a Contract Residential Care for Homeless Veterans or Grant and Per Diem (GPD) homeless program and have a length of stay of at least seven days

#### NUMERATOR DESCRIPTION

Number of veterans from the denominator who receive timely\* primary care expected to include a detailed history and physical

\*Timely is defined as applicable inpatient, residential, or outpatient care occurring within the period of 30 days prior to and extending to 60 days after the index date.

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Behavioral Health Care  
Residential Care Facilities

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians  
Psychologists/Non-physician Behavioral Health Clinicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

## TARGET POPULATION AGE

Adult (veterans)

## TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

## INCIDENCE/PREVALENCE

See "Rationale" field.

## ASSOCIATION WITH VULNERABLE POPULATIONS

Homeless

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## BURDEN OF ILLNESS

Unspecified

## UTILIZATION

Unspecified

## COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Getting Better  
Living with Illness

## IOM DOMAIN

Patient-centeredness  
Timeliness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Homeless veterans who have a length of stay of at least 7 days in a delineated homeless program.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Number of homeless veterans who enter a Contract Residential Care for Homeless Veterans or Grant and Per Diem (GPD) homeless program and have a length of stay of at least seven days

#### Exclusions

- Patients entering a Domiciliary Care for Homeless Veterans (DCHV) program are in a separate supporting indicator\*.
- Veterans already included in this performance measure in the previous six months at the same facility (Veterans Affairs Medical Center [VAMC]).

\*Refer to the original measure documentation for additional details.

### DENOMINATOR (INDEX) EVENT

Institutionalization  
Patient Characteristic

### DENOMINATOR TIME WINDOW

Time window is a single point in time

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Number of veterans from the denominator who receive timely\* primary care expected to include a detailed history and physical

\*Timely is defined as applicable inpatient, residential, or outpatient care occurring within the period of 30 days prior to and extending to 60 days after the index date.

Refer to the original measure documentation for additional details.

Exclusions  
Unspecified

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for Homeless:

- Meets Target: To be determined
- Exceeds Target: To be determined

## EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

### Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

## ORIGINAL TITLE

Mental health: MH homeless program access to primary care.

## MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

## MEASURE SET NAME

[Mental Health](#)

## MEASURE SUBSET NAME

[Homeless](#)

## DEVELOPER

Veterans Health Administration

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2004 Nov

## REVISION DATE

2005 Mar

## MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

#### SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

#### MEASURE AVAILABILITY

The individual measure, "Mental Health: MH Homeless Program Access to Primary Care," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

For more information contact:

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#### NQMC STATUS

This NQMC summary was completed by ECRI on April 14, 2005. The information was verified by the measure developer on April 15, 2005.

#### COPYRIGHT STATEMENT

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Date Modified: 9/25/2006

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